PTO/SB/82 (09-03)

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Application Number	10/586,524
Filing Date	October 23, 2006
First Named Inventor	DARLEY, Derek et al
Art Unit	3766
Examiner Name	TBA
Attorney Docket Number	22409-00273-US

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: I hereby appoint the practitioners associated with the Customer Number: The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jayne Andrews, Patent Attorney/IP Manager of Cochlear Limited Signature Date 13 SEPTEMBER 2007 Telephone 101-61-2-9428-6555 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature is required. Submit multiple forms if more than one signature. Telephone of Assignee of submitted.	11 - ASS - 1 conflication		
OR ☑ I hereby appoint the practitioners associated with the Customer Number: ☑ The address associated with Customer Number: ☑ The address associated with Customer Number: ☐ Individual Name Address ☐ City ☐ State ☐ Applicant/Inventor. ☑ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SBV96) SIGNATURE of Applicant or Assignee of Record Name ☐ Jayne Andrews, Patent Attorney/IP Manager of Cochlear Limited Signature ☐ MAPL ☐ 38 PENDER 207 ☐ Telephone ☐ 101-61-2-9428-6555 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	I hereby revoke all previou	is powers of attorney given in the above-identified application.	
I hereby appoint the practitioners associated with the Customer Number: 30,678	A Power of Attorney is	submitted herewith.	
OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Jayne Andrews, Patent Attorney/IP Manager of Cochlear Limited Signature Date ASSEPTEMBER 2007 Telephone 011-61-2-9428-6555 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below.		practitioners associated with the Customer Number: 30,678	
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STATEM	MENT UNDER 37 CFR 3.73(b)	
Applicant/Patent Owner: Derek Darley et al		
Application No./Patent No.: 10/586,524	Filed/Issue Date: October 23, 2006	
Entitled: TRANSFORMABLE SPEECH PROCESSOR MODULE FOR A HEARING PROSTHESIS		
Cochlear Limited	, a Corporation	
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)	
states that it is: 1. ☑ the assignee of the entire right, title, and inter	rest; or	
2. an assignee of less than the entire right, title. The extent (by percentage) of its ownership in the patent application/patent identified above by	nterest is ———— %	
A. [v] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 018347, Frame 0249-53, or for which a copy thereof is attached.		
OR		
below:	ent application/patent identified above, to the current assignee as shown	
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The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.		
2. From:	To:	
The document was recorded in the Un	ited States Patent and Trademark Office at, or for which a copy thereof is attached.	
3. From:	To:	
3. From:		
[] Additional documents in the chain of title are listed on a supplemental sheet.		
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]		
The undersigned (whose title is supplied below) is a	uthorized to act on behalf of the assignee.	
3 SEPTEMBER 2007	Jayne Andrews	
Date	Typed or printed name	
011-61-2-9428-6555	- yayexten	
Telephone number	Signature	
	Patent Attornev/IP Manager of Cochlear Limited	
	Title	

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.